


# PORTRAITS OF COMMITMENT



# PATH

Projects for Assistance in  
Transition from Homelessness



Inside are eight snapshots of PATH providers who display particular commitment to consumer involvement, which is reflected in their thoughtfulness, enthusiasm, and innovative approaches to making integration work. These approaches include creating consumer-designated positions; involving people with experiences of homelessness in governance; providing accommodations such as flexible scheduling; and creating a recovery-oriented agency through training.

The Portraits of Commitment are from the following manual:

Prescott, L. & Harris, L. (2008). Moving Forward, Together: Integrating Consumers as Colleagues in Homeless Service Design, Delivery and Evaluation. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. In press.

# WHAT IS PATH?

## Projects for Assistance in Transition from Homelessness

The PATH Program — or Projects for Assistance in Transition from Homelessness — was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses — including those with co-occurring substance use disorders — who are experiencing homelessness or are at risk of becoming homeless.

## PATH funds stimulate state & local contributions

PATH funds are worth more than their face value because they are matched with state and local resources. For every \$3 in federal funds, state or local agencies must put forward \$1 in cash or in-kind services. At a minimum, a \$52 million Federal allocation would result in a \$17 million match. In some states PATH funds and the state and local match are the only resources specifically for serving people experiencing homelessness and mental illnesses.



## PATH providers deliver innovative services

PATH providers work with service delivery systems and embrace practices that work. These include:

- Partnering with housing first and permanent supportive housing programs
- Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery
- Employing consumers or providing consumer-run programs
- Partnering with health care providers, including Health Care for the Homeless to integrate mental health and medical services
- Assertively improving access to employment
- Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR)
- Using technology such as PDAs, electronic records, and HMIS

## PATH providers are strong community partners

PATH providers and State Contacts are involved in local and regional planning efforts to end homelessness, including Continuum of Care, 10-Year Plans to End Homelessness, and other planning efforts. PATH providers and State Contacts work to ensure that services are coordinated and available to people experiencing homelessness.

For more information about PATH, please visit <http://pathprogram.samhsa.gov/>

# LA FRONTERA CENTER, INC.

Tuscon, Arizona

<http://www.lafrontera.org>

**Innovative Approach:** The Recovery Support Specialist program, a collaboration between the Community Partnership of Southern Arizona and the University of Arizona.

The agency has recently begun employing consumers of behavioral health services, including two former PATH consumers, as Recovery Support Specialists in a variety of settings. Recovery Support Specialists are trained and certified through the Recovery Support Specialist Institute at the University of Arizona, a collaboration between the regional behavioral health authority, the Community Partnership of Southern Arizona and the University of Arizona. The Recovery Support Specialist training program has proven beneficial to both consumers and the agency at large.

La Frontera, Inc. has expressed a desire to help consumer employees achieve their vocational goals and to move into positions of greater responsibility.

“

When we first started out we said, ‘OK, we are going to hire consumers as Recovery Support Specialists. But let’s offer them other positions, depending on their skills.’ It’s not like this is where they’re going to stay. A lot of people can get off SSI entirely...move on to do other things. They can apply for any other position, including CEO.

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— Sharon Francis  
Clinical Supervisor  
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# PLACER COUNTY MENTAL HEALTH SERVICES

Auburn, CA

<http://www.placer.ca.gov>

**Innovative Approach:** “Occupational Trainees” or “Navigators”

This is a stepping stone position for consumers to build job skills. Each of the eight teams in the Adult System of Care program has at least one Navigator integrated into the team. The program evolved over time and is currently expanding to 17 positions within the agency. It began within the management team of the Adult System of Care (ASOC). They supported consumers to “have a voice” at team meetings and community forums by coming to the table. The housing team started to advocate for consumer positions, and as the success of this approach became apparent, the culture of ASOC shifted and supported more consumer involvement. Through the Mental Health Services Act, the agency received funding to hire additional Navigators. While the county has historically had consumer occupational trainee positions, they were separate from the service teams (diner employees, janitors, etc). The Navigator position is

unique in that consumer employees work side-by-side with ASOC staff. The Navigator position is currently a 10-20 hr/week part time position, but the program is envisioned as a two-year stepping stone to other, full-time work (if desired by the employee). This position offers the opportunity to move up to full-time work as a Client Services Assistant, which has fully benefits and is a competitive position. Two consumer employees have successfully moved up the ladder.

Now in the second round of hiring Navigators, many lessons have been learned. One is the importance of providing ongoing support for the Navigators. Staff act as coaches and meet at a monthly meeting. Navigators come together and discuss the transition from client to staff-person. It is also an opportunity to receive training about the office environment. The agency provides training about what it is like to be employed and work in an office environment. It’s a safe place to ask questions, and to give support to one another.

“

We try to bring out the best in people...by focusing on what’s right, what they are doing well...They really make navigators feel welcome...A thoughtful approach to team building, which also really conforms to a recovery approach...

”

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# SUTTER/YUBA COUNTY MENTAL HEALTH SERVICES

Yuba City, CA

<http://www.co.sutter.ca.us>

**Innovative Approach:** Peer mentoring programs agency-wide.

The peer mentoring programs include “parent partner” mentors for youth in transition and seniors. Employees include people who have been formerly homeless. Peer mentors are integrated throughout the agency. In the transitional age youth program, peer mentors teach transitional age life skills, including socialization, employment, housing, and support.

The mentoring programs originated with one program: First Steps, a perinatal drug treatment program which includes currently and formerly homeless women. Through that program and other programs, “parent partners” work to help other parents to navigate the service system and help them with their recovery. The parent partner

program created a ripple effect in the agency. Once other departments saw how successful the parent partners were in helping clients to achieve their recovery goals, they wanted to emulate the program. The Mental Health Services Act created the expectation that more peer mentoring positions could be created, and awarded funds toward that end. This has allowed the county to expand the program.

Parent partners and mentors are typically part-time employees, but they are encouraged to move to full-time work. Many former mentors are now employed as intervention counselors, either through the drug and alcohol program or in the regular mental health program. The expectation is that the mentor position is a jumping-off point. Clients are encouraged to receive education and skills through the community college.

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# PREFERRED BEHAVIORAL HEALTH OF NEW JERSEY

Lakewood, NJ

<http://www.preferredbehavioral.org/>

**Innovative Approach:** Creating a recovery-oriented agency.

Preferred Behavioral Health (PBH) of NJ, Inc. was established in 1978 to provide outpatient therapy and emergency mental health services to residents of Northern Ocean County, NJ. Since then, the agency has expanded to become a comprehensive behavioral healthcare provider, offering a full array of services. These include both mental health and substance abuse programs for individuals of all ages.

PBH is actively working to shift towards the wellness and recovery model. Staff have attended wellness and recovery trainings created by the Collaborative Support Program of New Jersey, Inc., a consumer/survivor-driven organization that “exists to provide consumer driven mental health services that support recovery and promote community living.” This is a positive example of

consumer-provider collaboration that promotes recovery-oriented transformation.

The agency has formed a Wellness and Recovery committee composed of staff from every team. The goal is to move towards a more “consumer-driven and focused” organization. The Wellness and Recovery committee is working to implement the Wellness and Recovery Action Plan (WRAP) throughout the agency. Each team will be incorporating WRAP in its own way. The wellness and recovery training will be an ongoing process, not just initial education. This is to ensure that staff become comfortable with the perspective and can share it easily with consumers.

PBH is working towards a holistic approach to providing mental health services. WRAP is being incorporated on every level. Each department will fully incorporate it into its treatment services.

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# THE CENTER FOR URBAN COMMUNITY SERVICES

New York, New York

<http://www.cucs.org>

**Innovative Approach:** Multiple levels of consumer involvement.

CUCS offers a range of programs and services to more than 14,000 individuals and families in New York City who are homeless or formerly homeless, low-income, living with mental illness or who have other special needs. Consumers are hired at all levels, with 10% consumer employees at the agency's Housing Resource Center.

Within the Housing Resource Center, there is a part-time Community Organizer Assistant position which is traditionally occupied by a formerly homeless consumer. This individual works with the tenants both in the transitional programs and the permanent supportive housing programs. She also works with the agency-wide Advocacy

Committee and helps set the agenda, conducts policy research, reaches out to tenants, and provides education and training on the state and national levels. All consumers are encouraged to participate in the work of the Advocacy Committee and give presentations on relevant meetings and policy issues. Consumers of CUCS' services give presentations at state and local conferences.

CUCS also issues a bi-weekly Jobs Journal which is geared to consumers seeking to work in human services. All the case managers and local agencies receive it, and they regularly encourage consumers to apply. The journal has tips about job-searching and provides centralized information on employment training programs, such as peer specialist trainings.

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# ALBUQUERQUE HEALTH CARE FOR THE HOMELESS

Albuquerque, NM

<http://www.abqhch.org>

**Innovative Approach:** Consumer involvement in governance; agency-wide commitment to moving to a 51% consumer presence on the Board of Directors over the next five years.

Albuquerque Health Care for the Homeless (HCH) displays an impressive commitment to consumer involvement in governance and program planning. Currently or formerly homeless artists compose the vast majority (over 95%) of the Advisory Council in the ArtStreet Program, a “community-based project and collective open studio space where art is used as the connection for community-building for those without and those with homes.” The program is committed to cultivating participants as workshop leaders and studio assistants. Great care is taken to cultivate leadership and to encourage currently or formerly homeless participants to occupy key leadership roles on the Advisory Council, which is designed as a ‘Board of Directors,’ in which board members each commit to their leadership role for one year. Prospective workshop leaders and studio assistants are approached by Advisory Council members and encouraged to lead a workshop or mentor other artists. Workshop leaders and mentors are paid a stipend for their work.

Consumer involvement is also promoted on the Advisory Committees of the residential programs and the psychosocial rehab program. Through the advisory committee structure, consumers

“When there is a substantial consumer presence at the table, it makes it easier for consumer members to speak up and have a meaningful voice.”

— Director Julie Rosen

Co-Executive Director

Albuquerque Health Care for the Homeless

are actively involved in program planning and governance. In 2006, Albuquerque HCH signaled its commitment to becoming a more consumer-driven organization by deciding to move to a 51% consumer majority on the agency’s Board of Directors over the next five years. The Client Board Advisory Committee, a committee of the Board, is composed of consumers and is headed by the consumer members of the Board of Directors. Recently, the Client Board Advisory Committee expanded its purpose to include leadership development, in part to help more people to acquire the leadership skills to move on to the Board of Directors. In essence, it serves for some consumers as a stepping stone to serving on the Board. The Client Board Advisory Committee also conducts focus groups for the broader consumer community to receive feedback about the agency and provide input into programming.

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# BRATTLEBORO AREA DROP IN CENTER, INC.

Brattleboro, VT

<http://www.brattleborodropin.org>

**Innovative Approach:** Team building to avoid staff burnout; professional development opportunities for staff.

The Brattleboro Area Drop In Center, Inc. runs a day shelter open to all persons within the Brattleboro area. The organization offers a community food shelf, support services, and a place where homeless persons can gather. It serves over 5000 people a year, including 200-300 homeless individuals.

With the exception of the Executive Director, the staff of six is composed entirely of people who have experienced homelessness. The positions are both full-time and part-time, and include Assistant Director, Program Director, Case Managers, Client Advocate, and Receptionist. The organization also has a 48% consumer board.

The Executive Director is committed to providing staff with ever-expanding professional opportunities within the organization. The Assistant Director, started out working in the organization for 14 hours a week as a file clerk. Within a few years, he took on increasing levels of responsibility until he ultimately became Assistant Director.

Keeping staff morale high is a priority within the organization. Fun, stress-relieving activities allow the staff to take light-hearted breaks from the continual challenges of the work. The staff have done things together such as going to a comedy show, celebrating victories by going out to dinner, and participating as an organization in 4<sup>th</sup> of July parades.

“

Every day, we see more and more people [who are homeless] in more and more desperate circumstances. We try to prioritize and to do the best we can. Not to beat ourselves up for not doing everything every day. We try to laugh together. To keep the humor level up, to be upbeat and to have fun. If not, we can fall into feeling sorry for ourselves. We work together as a team to support one another. We are incredibly committed to one another.

”

— Melinda Bussino  
Executive Director

Brattleboro Area Drop In Center, Inc.

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# HANDS ACROSS LONG ISLAND (HALI)

Central Islip, New York

<http://www.hali88.org>

**Innovative Approach:** First consumer-run mental health clinic; flexible work schedules for employees.

Hands Across Long Island (HALI) was formed in 1988 as a grassroots, multi-service, organization managed and operated by, and for, psychiatric survivors. Today, they are the largest and most successful peer-run, multi-service agency, mental health organization in New York State, helping over 6,500 consumers each year. Programs include inpatient and outpatient advocacy, a drop-in center, mobile outreach to police, Forensic Services, and supported housing. The HALI Personalized Recovery Oriented Services (PROS) Clinic is the first entirely peer-run mental health clinic in the country.

HALI employs 50 individuals, 90% of whom are current or former mental health consumers. The Board of Directors is composed of 75% consumers. Positions include Executive Director, Comptroller, Resource and Personnel Manager, Clinic Coordinator, Clinic Program Director, Forensic Program Coordinator, Psychosocial Program Coordinator, Housing Case Managers, Facilitators, bookkeeper, forensic specialists, maintenance staff, and kitchen staff.

Once a year, the organization has a week of in-house training and team-building during which staff participate in fun, creative activities. Supervisors are also encouraged to work creatively with their teams, such as holding staff meetings outdoors in a public park, for example. HALI offers a flexible work schedule for employees.

“

If someone needs to take some time off—either for themselves or to care for their families--we give it to them, regardless of whether they have the leave time accrued or not. We do whatever we can to ward off burnout. Would you rather have someone work forty hours a week, or get the job done? If you support a healthy family, you'll have a fantastic employee.

”

— Ellen Healion  
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